

**Committee on Dental Auxiliaries**

2005 Evergreen Street, Suite 1050, Sacramento, California 95815  
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**Registered Dental Assistant (RDA) Program  
Application for Approval by the Dental Board of California**

This Application reflects the requirements of Business and Professions Code Sections 1754.5, 1755, and 1757, and Regulation Sections 1070.2, 1070.3, 1070.4, and 1070.5, which each program must meet to secure and maintain approval by the Dental Board to instruct in Registered Dental Assistant (RDA) duties, including required instruction in radiation safety, coronal polishing, and pit and fissure sealants.

In the Application document, excerpts from the laws appear in normal text, while questions on the Application appear in italic text. The term “B&P” used in the Application document means “Business and Professions Code Section”.

1. Fee. A non-refundable application fee in the amount of \$1,400 payable to COMDA must be submitted with the Application unless your program is accredited by the Chancellor’s office of the California Community Colleges.
2. Number of Copies. One original and two copies (one of which may be on an 1x-52x compatible CD in Word format) of the Application and all required documents must be submitted.
3. Completion of Application. Each question on the Application must be answered fully. An incomplete Application will not be accepted.
4. Attachments. All required documents must be attached as separate Attachments as indicated within the Application, and all Attachments must be submitted with the Application unless otherwise noted.
5. Schedule for Program Site Visit. Because of wide differences in survey schedules and facility locations, it is desirable to make specific suggestions as to the site evaluation schedule. The Site Evaluation Team (SET) realizes that schools may wish to make adjustments to the proposed schedule. However, changes must be reviewed with the visiting committee before conferences begin. Submit a proposed schedule with the completed Application.

Items marked with a “\*” only apply to existing approved RDA programs that are undergoing re-evaluation.

- Conferences with all full, part time faculty, Dental Assistant Program Administrator, School Director and Other Department Heads, i.e. Placement, Admissions, Career Development
- Conference with Advisory Committee. Arrangements shall be made for the SET to meet with the members of the advisory committee during the period set aside for the site evaluation. This meeting time can be scheduled during the mid-day or evening of the first day of the visit.
- Classroom, Departments, Equipment and Supplies. The SET will be reviewing the dental classrooms, dental operatories, sterilization area, laboratory area and x-ray processing, library materials, and all required dental equipment and supplies for the program

- \*Records Evaluation. The TEAM will be reviewing all of the required records for the following areas: current records kept by program director; all faculty meetings, coronal polishing records, pit and fissure sealant records; radiation safety records; minimum performance records; practical exams etc.
- \*Extra-mural Facilities. The Site Evaluation Team will visit at least two offices or facilities in which a student is currently participating in the clinical portion of training. Arrangements shall be made for the SET to meet with representatives of such a facility or office who have responsibility for supervising students' clinical experience.
- \*Conferences with Students. The site visit schedule shall include a period for the SET to meet with the students. Faculty members shall not be included in meetings with students.
- Conference Schedule. The following conference schedule is a suggested format only. It is understood that program schedules may dictate another sequence, and it is therefore subject to change.

The site visit is a process where the facility, program, and other required areas will be evaluated over a period of two days. Below are the conferences, reviews, observations and interviews that will be performed. In preparation for this visit, please have documents available for the SET to review.

**Note:** Prior to the on-site inspection (usually the day preceding the visit) of the dental assisting facilities, the SET may visit extramural clinical facilities.)

TIME	SUBJECT OF CONFERENCE	PARTICIPANTS
TBA	Meeting with Program Director and Administrators	SET Members
	Tour of Dental Assisting Facilities	Program Administrators Program Director SET Members
	Curriculum Review (including: lesson plans, Objectives, criteria, process-product evaluation, written/practical examinations	Program Director Instructors SET Members
	Review of Facilities, Equipment and Supplies	Program Director Instructors SET Members
	Review of Radiation Safety Records*	SET Members
	Review of Coronal Polishing Records*	SET Members
	Review of Pit and Fissure Sealant Records*	SET Members
	Review of Evaluation from Clinical Facilities*	SET Members
	Review of Advisory Committee minutes*	SET Members
	Review of Faculty Meeting minutes*	SET Members

	<p>Observe Students during laboratory and clinic performing basic dental assisting and registered dental assisting duties.*</p> <p>Private conference with Students*</p> <p>Visit with Advisory Committee Members (With special arrangements the SET may meet with the advisory committee members on the evening prior to the visit.)</p> <p>Evaluation of Library/Internet</p> <p>Formal Exit Interview</p>	<p>SET Members Students Program Director Instructors</p> <p>SET Members Students</p> <p>SET Members</p> <p>SET Members</p> <p>SET Members Program Director School Administrators</p>
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**Registered Dental Assistant (RDA) Program  
Application for Approval by the Dental Board of California**

\$1,400 Fee

Rcpt#: \_\_\_\_\_

File# \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Program: ☐ Community College ☐ Vocational Program ☐ Dental School

☐ Private School ☐ Other - specify: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner (if other than Program Director): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.**

\_\_\_\_\_  
**Signature of Program Director**

\_\_\_\_\_  
**Date**

**I certify that I will be responsible for the compliance of the program director with the laws governing Registered Dental Assistant Programs. I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.**

\_\_\_\_\_  
**Signature of Owner (if other than the Program Director)**

\_\_\_\_\_  
**Date**

(If sole ownership business, individual owner must sign. If partnership, one of the partners must sign. If a corporation, the CEO or secretary of the Corporation must sign.)

**(a) Educational Setting.** The program shall be established at the post-secondary educational level. (Excerpt: B&P 1755(a)(5))

**1. Is the program established at the post-secondary educational level?**

\_\_\_\_ Yes \_\_\_\_ No

**(b) Administration.** The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. (Excerpt: B&P 1757(d))

The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Section 1755. (Excerpt: B&P 1757(c))

Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the board. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year. (Excerpt: B&P 1757(b))

**2. Does the program have sufficient financial resources to support the program and comply with the laws governing program approval? Attach an explanation as Question 2 Attachment.**

\_\_\_\_ Yes \_\_\_\_ No

**3. Is the program required to be approved by any other governmental agency? If yes, specify which agency and provide a copy of the approval document(s) as Question 3 Attachment.**

\_\_\_\_ Yes \_\_\_\_ No

**4. Is the program accredited by another agency? If yes, specify which agency in Question 4 Attachment.**

\_\_\_\_ Yes \_\_\_\_ No

**5. Does the program have an advisory committee composed of an equal number of RDAs and dentists, including at least two RDAs and two dentists currently licensed by the board? Attach as Question 5 Attachment a table showing the following information for each of the Advisory Members: Name, license number, expiration date, title, and telephone number.**

\_\_\_\_ Yes \_\_\_\_ No

**6. Will the advisory committee meet at least once each academic year (twice each year for programs admitting students at different phases) with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program? Attach as Question 6 Attachment a description of the content and subjects of the Advisory Committee meetings, which includes its responsibilities and the terms of office of members. Existing approved programs undergoing re-evaluation must also attach copies of minutes of the Advisory Committee meetings for the last five years.**

\_\_\_\_ Yes \_\_\_\_ No

**(c) Program Director.** The program director shall possess a valid, active, and current license issued by the board. He or she shall have teaching responsibilities that are less than those of a full-time faculty member, and shall actively participate in and be responsible for the day-to-day administration of the program, including the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, grading criteria, and minutes of advisory committee minutes, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program.

(2) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(3) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty.

(4) Informing the board of any major change to the program content, physical facilities, or faculty, within 10 days of the change.

(5) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in law. (Excerpt: B&P 1755(b) and 1757(c))

**7. Does the program director possess a valid, active, and current license issued by the Board? Attach as Question 7 Attachment the name and license number of the proposed program director.**

\_\_\_\_ Yes \_\_\_\_ No

**8. Will the program director have teaching responsibilities that are less than those of a full-time faculty member? Attach as Question 8a Attachment a table or chart containing the following information regarding the intended daily hours for the program director in the specified areas:**

\_\_\_\_ Yes \_\_\_\_ No

<b>PROGRAM DIRECTOR NAME:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Daily administrative hours per week:					
Daily student contact hours per week:					
Class preparation hours per week:					
Student counseling hours per week:					
Extern visitation hours per week:					
Comments:					

**Attach as Question 8b Attachment a table or chart containing the following information regarding the intended daily hours for EACH faculty member in the specified areas:**

<b>FACULTY MEMBER NAME:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Daily student contact hours per week:					
Class preparation hours per week:					
Student counseling hours per week:					
Extern visitation hours per week:					
Comments:					

**9. Will the program director actively participate in and be responsible for the day-to-day administration of the program as specified above? Attach as Question 9 Attachment a description of the intended frequency and content of faculty meetings. Existing approved programs undergoing re-evaluation must also attach copies of minutes of the faculty meetings for the last five years.**

\_\_\_\_ Yes \_\_\_\_ No

**(d) Faculty.** Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. (Excerpt: B&P 1755(c))

Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants. (Excerpt: B&P 1757(c))

By January 1, 2010, each faculty member shall have completed a board-approved course in instructional methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2010, shall complete a course in instructional methodology within six months of employment. (Excerpt: B&P 1757(c))

All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program director shall ensure and document compliance by faculty and staff. A program shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients. (Excerpt: B&P 1755(f)).

Radiation Safety Course - All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation; (Excerpt: Title 16, Regulation Section 1014.1(c)(2))

Pit and Fissure Sealant Course - All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation. (Excerpt: Title 16, Regulation Section 1070.3(c)(1))

Coronal Polishing Course – All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation. (Excerpt: Title 16, Regulation Section 1070.4(c)(1))

10.

**a. Has each faculty member been licensed for at least two years, and possess experience in the subject matter he or she is teaching? Attach as Question 10a Attachment a table containing the name and license number of each faculty member.**

\_\_\_\_ Yes \_\_\_\_ No

**b. Has each faculty member completed a board-approved course in the application of pit and fissure sealants? Attach as Question 10b Attachment evidence that each faculty member has completed a board-approved course in the application of pit and fissure sealants.**

\_\_\_\_ Yes \_\_\_\_ No

**c. Is each faculty and staff member certified in basic life support? Attach as Question 10c Attachment a copy of each faculty and staff members' current CPR card.**

\_\_\_\_ Yes \_\_\_\_ No

**d. Has each faculty member who will be responsible for clinical evaluation in the following subjects completed a two-hour methodology course for each: radiation safety, pit and fissure sealants, coronal polishing? Attach as Question 10d Attachment a certificate of completion for each faculty member for each course for which he or she will be responsible for clinical evaluation.**

\_\_\_\_ Yes \_\_\_\_ No

**11. Will each faculty member be required to complete a board-approved course in instructional methodology on and after January 1, 2010, as specified in B&P 1757(c) (see above)? If this Application is filed on or after January 1, 2010, attach as Question 11 Attachment evidence that each faculty member has complied with B&P 1757(c).**

\_\_\_\_ Yes \_\_\_\_ No

**(e) Student Certificate of Completion.** A certificate or other evidence of completion shall be issued to each student who successfully completes the program and shall include the student's name, the name of the program, the total number of program hours, the date of completion, and the signature of the program director or his or her designee. (Excerpt: B&P 1755(d))

**12. Will a certificate or other evidence of completion be issued to each student who successfully completes the program as specified above? Attach as Question 12 Attachment a copy of the certificate of completion.**

\_\_\_\_ Yes \_\_\_\_ No

**(h) Emergency Management.** A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program director shall ensure and document compliance by faculty and staff. A program shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients. (Excerpt: B&P 1755(f))

Emergency materials shall include, but not be limited to, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes. (Excerpt: B&P 1757(g)(3))

**13. Does the program have a written policy on managing emergency situations, and will it be made available to all students, faculty, and staff? Attach as Question 13a Attachment a copy of the policy. Attach as Question 13b Attachment a description of the location of the eye wash stations and oxygen tank, a list of the contents of the working emergency kit, and a list of the contents of the first aid kit.**

\_\_\_\_ Yes \_\_\_\_ No

**(i) Infection Control/Hazardous Waste Disposal Protocols.** The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The program shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and

sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed. (Excerpt: B&P 1755(f))

**14. Will OSHA attire and protective eyewear be required for each student?**

\_\_\_\_ Yes \_\_\_\_ No

**15. Does the course have written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, that comply with the board's regulations and other Federal, State, and local requirements, and will such protocols be provided to all students, faculty and appropriate staff? Attach as Question 15 Attachment a copy of such protocols for the following: student immunizations; PPE; equipment and supply infection control; biohazardous waste; OSHA training requirements for dental office employees; management of training records; management of occupational exposure to blood and body fluids; infection control protocol for operatory set-up and clean-up; infection control protocol during dental treatment; disinfection; sterilization; sanitization; barrier use; surface disinfection; responsibilities of infection control officer in a dental office.**

\_\_\_\_ Yes \_\_\_\_ No

**16. Is adequate space provided for preparing and sterilizing all armamentarium? Attach as Question 16 Attachment a description of the space and equipment.**

\_\_\_\_ Yes \_\_\_\_ No

**(g) Length of Program.** The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty. No more than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties (Excerpt: B&P 1757(e))

No more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice. (Excerpt: B&P 1757(f))

**17. Will the length of the program be of sufficient duration for each student to develop minimum competence in performing dental assistant and registered dental assistant duties, but no less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of pre-clinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty?**

\_\_\_\_ Yes \_\_\_\_ No

**18. Will no more than 20 hours be devoted to instruction in clerical, administrative, practice management, or similar duties?**

\_\_\_\_ Yes \_\_\_\_ No

**19. Will no more than 25 percent of the required clinical instruction take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction take place in a specialty dental practice?**

\_\_\_\_ Yes \_\_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_\_ Laboratory: \_\_\_\_\_ On-Site Clinical: \_\_\_\_\_ Extern Clinical: \_\_\_\_\_

**(f) Faculty/Student Ratios.** Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program is approved to instruct. (Excerpt: B&P 1755(e))

Laboratory Instruction: There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

Preclinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

Clinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction. (Excerpt: B&P 1754.5))



**20. Will there be at least the following number of instructors per student who are simultaneously engaged in the following instruction: 1 for every 14 students during laboratory instruction, 1 for every 6 students engaged in pre-clinical instruction, and 1 for every 6 students engaged in clinical instruction?**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 20 Attachment the following information in a table or chart in the following format for those sessions applicable to the program:**

Maximum Students enrolled per session:		Number of Operatories:	
Faculty/Student Ratios	Didactic:	Laboratory:	Clinical:

Class Session	Hours	Total Number of Students	Total Number of Faculty Providing Instruction (including Program Director)	Names of Faculty Providing Instruction (including Program Director)
AM – Lecture				
AM – Lab				
MidDay – Lecture				
MidDay – Lab				
Afternoon – Lecture				
Afternoon – Lab				
PM – Lecture				
PM - Lab				

**(j) Facilities and Resources.** Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. (Excerpt: B&P 1757(g))

The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program is approved to instruct. The program provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment. (Excerpt: B&P 1755(e)(1) and (2))

The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session and in ratios specified in Section 1070.2 of Title 16 of the California Code of Regulations: amalgamator, model trimmers (one for every 5 students), dental rotary equipment (one for every 3 students), vibrators (one for every 3 students), light curing devices, functional typodont and bench mounts (one for every 2 students), functional orthodontically banded typodonts, facebows, automated blood pressure device, EKG machine, pulse oximeters, capnograph or simulated device, sets of hand instruments for each procedure (one set for every 2 students), respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

One permanently preassembly tray for each procedure shall be provided for reference purposes.

Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum. (Excerpt: B&P 1757(g))

**21. Do the facilities and class scheduling provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform? Attach as Question 21 Attachment a description of the entire facility, identifying the location of the following major areas of instruction: lecture area; laboratory; dental operatories, x-ray exposure area; sterilization area; and x-ray processing area.**

\_\_\_\_ Yes \_\_\_\_ No

**22. Do the location and number of general use equipment and armamentaria ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program is approved to instruct. Attach as Question 22 Attachment a list of the types, location, and number of the required equipment and armamentarium that are listed above.**

\_\_\_\_ Yes \_\_\_\_ No

**23. Will protective eyewear, mask, gloves, and clinical attire be required of or provided to student and faculty member, and appropriate eye protection provided for each piece of equipment?**

\_\_\_\_ Yes \_\_\_\_ No

**24. Will one permanently preassembled tray for each procedure be provided for reference purposes? Attach as Question 24 Attachment a list of the procedures for which a pre-assembled tray will be provided.**

\_\_\_\_ Yes \_\_\_\_ No

**25. Is provision made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum. Attach as Question 25 Attachment the following information for each reference material: name, author, publisher, and publication date. For reference materials accessed by the internet, provide the subscription and/or web site information for the required subject areas.**

\_\_\_\_ Yes \_\_\_\_ No

**(k) Operatories.** Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient.  
(Excerpt: B&P 1755(e)(3))

**26. Are operatories sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction? Are they of sufficient size to simultaneously accommodate one student, one instructor, and one patient? Do they contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink? Attach as Question 26 Attachment a description of the operatories, their number, and a list of the equipment and supplies that are housed in the operatory area.**

\_\_\_\_ Yes \_\_\_\_ No

**(l) Program Content.** The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Programs that admit students in phases shall provide students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment. All programs shall provide students with additional instruction in the infection control regulations and guidelines of the board and Cal-DOSH prior to the student's performance of procedures on patients.

(i) (1) A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in the written certification from the program to the board, as specified in subparagraph (B) of paragraph (1) of subdivision (a), after which time the program content shall meet the requirements of paragraph (2).

(2) Programs receiving initial approval on or after January 1, 2009, shall meet all the requirements of Section 1755, and subdivisions (j) and (k) of this section, and shall include the following additional content:

(A) A radiation safety course that meets all of the requirements of the regulations of the board.

(B) A coronal polishing course that meets all of the requirements of the regulations of the board.

(C) A pit and fissure sealant course that meets all of the requirements of the regulations of the board.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. (Excerpt: B&P 1757(i))

(h) A detailed program outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. Objective evaluation criteria

shall be used for measuring student progress toward attainment of specific program objectives. Students shall be provided with all of the following:

- (1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.
- (2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.
- (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure. (Excerpt: B&P 1755(h))

**Didactic Instruction.** "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval. (Excerpt: B&P 1754.5)

General didactic instruction shall include, at a minimum, the following:

- (1) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.
- (2) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.
- (3) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.
- (4) Principles of infection control and hazardous communication requirements in compliance with the board's regulations and other federal, state, and local requirements.
- (5) Principles and federal, state, and local requirements related to pharmacology.
- (6) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.
- (7) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.
- (8) Principles of record classifications including management, storage, and retention protocol for all dental records.
- (9) Principles and protocols of special needs patient management.
- (10) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.
- (11) Principles, protocols, manipulation, use, and armamentaria for dental materials.
- (12) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.
- (13) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.
- (14) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform. (Excerpt: B&P 1757(j))

**Laboratory and Clinical Instruction.** "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. (B&P 1754.5)

Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that a dental assistant and registered dental assistant is authorized to perform. (Excerpt: B&P 1757(k))

**Student Examination.** Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director. (Excerpt: B&P 1757(l))

General program objectives and specific instructional unit objectives shall include theoretical aspects of each subject as well as practical application, including specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations. (Excerpt: B&P 1755(h))

**27. Will the program admit students in phases? If Yes, attach as Question 27 Attachment the curriculum materials, including methods, materials, and examinations with keys, for all subjects taught in the orientation curriculum, which must include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment.**

\_\_\_\_ Yes \_\_\_\_ No

**28. Will all students be provided with instruction in the infection control regulations and guidelines of the board and Cal-DOSH prior to the student's performance of procedures**

**on patients? Will all students be required to complete a course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association?**

\_\_\_\_ Yes \_\_\_\_ No

**29. Will instruction include all content described in Business and Professions Code Section 1757, governing the approval of RDA Programs (see above)? Note: The program content for Radiation Safety, Coronal Polishing, and Pit and Fissure Sealant instruction are addressed in later sections of this Application.**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 29 Attachment the following for each program course/module:**

- **Detailed program outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction**
- **General program objectives**
- **Specific objectives in the cognitive and psychomotor domain**
- **Criteria for all psychomotor skills**
- **Minimum number of satisfactory performances for all psychomotor skills**
- **Lesson plans (including information sheets, procedure sheets when applicable)**
- **Process evaluation grade sheets**
- **Product evaluation grade sheets**
- **Practical and clinical examinations**
- **Written examination examples and keys – To be provided at Site Visit**

**Samples are provided in Appendices 1 through 7, which are intended only as general guidance.**

**(p) Extramural Clinical Instruction.** If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program faculty and shall not be provided in extramural facilities.

The program director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

The program director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the program, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The program faculty and extramural clinic personnel shall use the same objective evaluation criteria.

There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition. (Excerpt: B&P 1755(i))

No more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a speciality dental practice. (Excerpt: B&P 1757(f))

**30. Will all laboratory and pre-clinical instruction be performed under the direct supervision of program faculty and not in extramural facilities? Will no more than 25 percent of the required clinical instruction take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction take place in a specialty dental practice?**

\_\_\_\_ Yes \_\_\_\_ No

**31. Will the program director, or a designated faculty member, be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment? Attach as Question 31a Attachment a copy of the document the program will use for the clinical evaluation of students during externship, which must include be signed and dated by the student and instructor. Attach as Question 31b Attachment a copy of the log that will be maintained by the program to document the visits to extramural facilities.**

\_\_\_\_ Yes \_\_\_\_ No

**32. Will the program director, or a designated faculty member, orient dentists who intend to provide extramural clinical facilities prior to the student assignment? Will the program faculty and extramural clinical personnel use the same objective evaluation criteria? Attach as Question 32 Attachment a complete orientation packet that is given to the dentist prior to placement of a student in the extern site which shall include, at a minimum: student evaluation forms; objective evaluation criteria; procedures on how the extern's clinical experience is to be conducted including at a minimum when and how the student receives his/her first evaluation and, at the completion of the training, extern time sheet.**

\_\_\_\_ Yes \_\_\_\_ No

**33. Will there be a written contract of affiliation with each extramural clinical facility describing the settings in which the clinical training will be received, and affirming that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition? Attach as Question 33 Attachment a copy of the contract of affiliation with each extramural facility.**

\_\_\_\_ Yes \_\_\_\_ No

**34. Will the student evaluate the clinical experience? Attach as Question 34 Attachment the evaluation form that will be completed by the student.**

\_\_\_\_ Yes \_\_\_\_ No

#### **(g) Radiation Safety Instruction.**

(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.

(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.

(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

(e) Program Content.

(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

- (A) Radiation physics and biology
- (B) Radiation protection and safety
- (C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs
- (D) Radiograph exposure and processing techniques using either manual or automatic methods
- (E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity
- (F) Intraoral techniques and dental radiograph armamentaria, including holding devices
- (G) Interproximal examination including principles of exposure, methods of retention and evaluation
- (H) Intraoral examination including, principles of exposure, methods of retention and evaluation
- (I) Identification and correction of faulty radiographs
- (J) Supplemental techniques including the optional use of computerized digital radiography
- (K) Infection control in dental radiographic procedures
- (L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality.

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;

(2) Two bitewing series, consisting of at least 4 radiographs each;

(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.

(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Student and instructor written evaluation of radiographs.

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(Excerpt: Title 16, Regulation Section 1014.1)

**35. Will the length of instruction be of sufficient duration for the student to develop minimum competence in radiation safety techniques, but no less than 32 hours, including at least 8 hours of didactic training, at least 12 hours of laboratory training, and at least 12 hours of clinical training?**

\_\_\_\_ Yes \_\_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_ Laboratory: \_\_\_\_ Clinical: \_\_\_\_

**36. Are there a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs? Attach as Question 36 Attachment a description of the number of operable x-ray units (excluding panograph), the number of operable digital x-ray units, which method of x-ray film processing that is used, and the total number of students who will be receiving radiation safety instruction simultaneously.**

\_\_\_\_ Yes \_\_\_\_ No

**37. Does each radiographic operatory fully comply with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), and is it properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught? Attach as Question 37 Attachment a copy of current registration with the Department of Health Services Radiologic Health Section.**

\_\_\_\_ Yes \_\_\_\_ No

**38. Will instruction include all content described in Title 16, Regulation Section 1014.1 governing the approval of Radiation Safety Courses (see excerpts from Section 1014.1 above)?**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 38 Attachment the following for radiation safety course content:**

- *Detailed course outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction*
- *General course objectives*
- *Specific objectives in the cognitive and psychomotor domain*
- *Criteria for all psychomotor skills*
- *Minimum number of satisfactory performances for all psychomotor skills*
- *Lesson plans (including information sheets, procedure sheets when applicable)*
- *Process evaluation grade sheets*
- *Product evaluation grade sheets*
- *Practical and clinical examinations*
- *Written examination examples and keys – To be provided at Site Visit*

**39. Will students perform the number of exposures as required by regulation (see above)? Attach as Question 39 Attachment a description of the number of exposures, and techniques used, that students will perform during laboratory and during clinical instruction.**

\_\_\_\_ Yes \_\_\_\_ No

**40. Are all radiographic surveys exposed by and evaluated by the student and faculty for acceptable diagnostic quality?**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 40a Attachment a copy of the criteria for an acceptable bitewing and periapical film that includes a description of root apex of the periapical exposure; contact area and density and contrast.**

**Attach as Question 40b Attachment a description of the procedures used to evaluate the bitewing and full mouth surveys and include the radiograph evaluation forms that include the following: description of student and faculty evaluation protocol; worksheets that include areas of identification for commonly encountered exposure and processing errors; x-ray manikin and clinical patient product evaluation sheets.**

**Attach as Question 40c Attachment a copy of the program's radiation safety protocols, including infractions, retake policy, pregnancy, and disposition of x-rays.**

**Attach as Question 40d Attachment a description of the laboratory and clinical practice experience that includes the amount of exposures for bitewing and full mouth surveys; sequence of performance from laboratory to clinical experience; film packet requirements for laboratory and clinical experience; film packet requirements for laboratory and clinical experience; how students progress toward attainment of clinical competency; detailed description of prescription form used prior to exposure on clinical patients and patient criteria.**

**41. Are extra-mural facilities used for clinical x-ray instruction?**

\_\_\_\_ Yes \_\_\_\_ No

**42. Attach as Question 42 Attachment a signed document from the supervising dentist in which he/she agrees to be responsible for and in control of the quality, radiation safety, and technical aspects of all x-ray examinations and procedures in accordance with Section 106975 of the Health and Safety Code.**

## **(r) Coronal Polishing Instruction.**

**(d) Length of Course.** The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(g) Program Content.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

- i. Legal requirements
- ii. Description and goals of coronal polishing
- iii. Indications and contraindications of coronal polishing
- iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.
- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling.
- iv. Armamentaria for disclosing and polishing techniques.
- iv. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.
- ii. Instrument grasps and fulcrum techniques
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.
- iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.
- v. Pre-medication requirements for the compromised patient.
- vi. Use of adjunct materials for stain removal and polishing techniques
- vii. Techniques for coronal polishing of adults and children.
- viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.
- viii. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

**(i) Evaluation and Examination.**

**(2) Each student shall pass a written examination which reflects the entire curriculum content.**

**(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.**

(Excerpt: Title 16, Regulation Section 1070.4)

**43. Will the length of instruction be of sufficient duration for the student to develop minimum competence in coronal polishing, but no less than 12 hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training?**

\_\_\_\_ Yes \_\_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_ Laboratory: \_\_\_\_ Clinical: \_\_\_\_

**44. Will instruction include all content described in Title 16, Regulation Section 1070.4 governing the approval of Coronal Polishing Courses (see excerpts from Section 1070.4 above)?**

\_\_\_\_ Yes \_\_\_\_ No



Attach as Question 44 Attachment the following for coronal polishing course content:

- Detailed course outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction
- General course objectives
- Specific objectives in the cognitive and psychomotor domain
- Criteria for all psychomotor skills
- Minimum number of satisfactory performances for all psychomotor skills
- Lesson plans (including information sheets, procedure sheets when applicable)
- Process evaluation grade sheets
- Product evaluation grade sheets
- Practical and clinical examinations
- Written examination examples and keys – To be provided at Site Visit

45. Attach as Question 45 Attachment a description of the laboratory instruction, including whether procedures will be performed on typodonts or manikins, and what type of laboratory equipment will be used.

46. Will clinical instruction include clinical experience on at least three patients, with two of the three patients used for the clinical examination?

\_\_\_\_ Yes \_\_\_\_ No

47. Will each student be required to pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction?

\_\_\_\_ Yes \_\_\_\_ No

48. Attach as Question 48 Attachment a written overview of the course requirements and the protocol followed for laboratory and clinical practice, the written and clinical examination. Include a description of patient selection criteria, time frame and pass rate for written and clinical examinations; copy of medical health history form; patient release form; calculus free form.

### **(s) Pit and Fissure Sealant Instruction.**

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

(g) Program Content.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

i. Legal requirements

ii. Description and goals of sealants

iii. Indications and contraindications

- iv. Role in preventive programs
- (E) Sealant Materials
  - i. Etchant and/or etchant/bond combination material composition, process, storage and handling
  - ii. Sealant material composition, polymerization type, process, storage and handling
  - iii. Armamentaria for etching and sealant application
  - iv. Problem solving for etchant and sealant material placement/manipulation
- (F) Sealant Criteria
  - i. Areas of application
  - ii. Patient selection factors
  - iii. Other indication factors
- (G) Preparation Factors
  - i. Moisture control protocol
  - ii. Tooth/teeth preparation procedures prior to etching or etchant/bond
- (H) Acid Etching or Etchant/Bond Combination
  - i. Material preparation
  - ii. Application areas
  - iii. Application time factors
  - iv. Armamentaria
  - v. Procedure
  - vi. Etchant or etchant/bond evaluation criteria
- (I) Sealant Application
  - i. Application areas
  - ii. Application time factors
  - iii. Armamentaria
  - iv. Procedure for chemical cure and light cure techniques
  - v. Sealant evaluation criteria
  - vi. Sealant adjustment techniques
- (J) Infection control protocol
- (K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

**(i) Evaluation and Examination.**

**(2) Each student shall pass a written examination which reflects the entire curriculum content.**

**(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.**

(Excerpt: Title 16, Regulation Section 1070.3)

**49. Will the program require each student to have already completed an approved course in coronal polishing?**

\_\_\_\_ Yes \_\_\_\_ No

**50. Will the length of instruction be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but no less than 16 hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training?**

\_\_\_\_ Yes \_\_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_ Laboratory: \_\_\_\_ Clinical: \_\_\_\_

**51. Will instruction include all content described in Title 16, Regulation Section 1070.3 governing the approval of Pit and Fissure Sealant Courses (see excerpts from Section 1070.3 above)?**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 51 Attachment the following for pit and fissure course content:**

- **Detailed course outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction**
- **General course objectives**
- **Specific objectives in the cognitive and psychomotor domain**
- **Criteria for all psychomotor skills**
- **Minimum number of satisfactory performances for all psychomotor skills**
- **Lesson plans (including information sheets, procedure sheets when applicable)**
- **Process evaluation grade sheets**
- **Product evaluation grade sheets**
- **Practical and clinical examinations**
- **Written examination examples and keys – To be provided at Site Visit**

**52. Will laboratory instruction be conducted on a typodont, a simulated model, and/or mounted extracted teeth? Attach as Question 52 Attachment a description of the type that will be used and how it has been adapted and/or prepared to be used in the application of pit and fissure sealants.**

\_\_\_\_ Yes \_\_\_\_ No

**53. Will clinical instruction include clinical experience on four patients with two of the four patients used for the clinical examination? Attach as Question 53a Attachment a description of how the clinical experience on two practice patients will be conducted, including patient selection criteria, application sites, timeframe for performance, and the procedure followed when grading patients. Attach as Question 53b Attachment a description of the protocol to be followed when a student does not achieve minimum competency on the two clinical practice experiences. Attach as Question 53c Attachment a copy of the patient health history and patient release form.**

\_\_\_\_ Yes \_\_\_\_ No

**54. Will each clinical patient have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials? Will clinical instruction include teeth in all four quadrants for each patient?**

\_\_\_\_ Yes \_\_\_\_ No

**55. Will each student be required to pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction, which includes teeth in all four quadrants? Attach as Question 55 Attachment a description of how the clinical examination on two patients will be conducted, including patient selection criteria, application sites, timeframe for performance, and the procedure followed when grading patients. Include a description of the protocol to be followed when a student does not achieve minimum competency on the clinical examination.**

\_\_\_\_ Yes \_\_\_\_ No

## **APPENDIX 1 – SAMPLE SPECIFIC UNIT OBJECTIVE**

### **Specific Unit Objective:** *Universal Precautions/Infection Control/Hazard Management*

#### **Cognitive Objectives:** The student will:

1. Name, describe and demonstrate the kinds of universal precautions/infection control and hazard management procedures mandated for the dental profession (MSDS; maintaining written records; handling different hazardous materials; medical waste management.)
2. Demonstrate, during laboratory practice, how to handle hazardous waste and chemicals and the procedures for cleaning potentially infectious material.
3. List the three classifications of instruments, equipment and surfaces according to CDC guidelines.
4. Explain, in writing, the differences between sterilization and disinfecting.
5. Demonstrate, in the laboratory setting, the use of the chemiclave and dry heat sterilizer.
6. Demonstrate, in the laboratory setting, the correct method for cleaning, disinfecting and setting up the dental operator.

#### **Psychomotor Objective:** The student will:

Apply the concepts of infection control in the dental office utilizing OSHA and CDC regulations. The student will pass a written exam with \_\_\_% accuracy on this topic, and successfully complete the skill evaluations with \_\_\_% accuracy on all critical steps.

#### **Instructional Activities:**

Provide Information on the following:

- A. OSHA, CDC, EPA guidelines
- B. MSDS Hazard Labeling
- C. Sterilization and disinfecting in a dental office
- D. Sterilization of Equipment
- E. Operatory Care

#### **Instructional Methods:**

Lecture  
Workbook Assignment  
Hazard Labeling Assignment  
Quizzes  
Videos  
Demonstrations  
Practical examinations

#### **Instructional Materials:**

Textbook: (List the textbook)

#### **Reference Materials:** (List other references)

**Task Hours:** Lecture: 3.5    Laboratory: 1.5    Clinic: 0

## **APPENDIX 2: SAMPLE PROCEDURE SHEET**

### ***Coronal Polish Procedure Sheet***

#### **A. Armamentarium**

1. Prophylaxis angle (disposable)
2. Rubber cups (disposable)
3. Soft brush (disposable)
4. Disclosing agent
5. Cotton tip applicators
6. 2 x 2" gauze squares
7. Air/water syringe disposable/autoclavable tips
8. Polishing agent
9. Dental floss and tape
10. Linen finishing strips
11. Mouth mirror, explorer, and cotton pliers

#### **B. Procedure**

1. Assemble materials after all infection control barriers are in place.
2. Check saliva ejector and evacuation equipment
3. Check that the handpieces are functional.
4. Review the medical health history, and inspect the oral cavity.
5. Monitor vital signs.
6. Explain to the patient the procedures that will be followed.
7. Disclose patient's teeth and rinse thoroughly
8. Protect patient's eyes with safety glasses.
9. Dry and suction the oral cavity.
10. Hold handpiece in modified pen grasp with handle resting in a V between thumb and forefinger
11. Apply polishing agent to rubber polishing cup; have patient turn towards you
12. Apply polishing agent to tooth surfaces distributing about one prophylaxis cup full for three teeth
13. Establish fulcrum firmly on incisal surfaces of the maxillary teeth or as close to the teeth being polished as possible. Reach back to the last molar.
14. Place rubber polishing cup against the distobuccal area of the maxillary right posterior molar
15. Activate the handpiece and maintain a steady pressure to keep an even slow speed.
16. Engage prophylaxis angle applying light pressure to flex the cup and flare into the sulcus 1 to 2 mm.
17. Sweep the rubber cup toward the occlusal edge. If the crown is long, lift the cup halfway up the tooth and make a second stroke towards the occlusal.
18. Repeat the stroke, overlapping each time, until the entire tooth surface is polished.
19. Polishing must be performed carefully to prevent damage to the gingival tissues.
20. Dentin and cementum are much softer than enamel; thus on the exposed root areas, reduce pressure, and use no polishing agent.
21. Do not polish decalcified areas.
22. When one tooth is completed, move to the adjacent one. Continue until the quadrant has been completed.
23. Polish from the upper right quadrant in sequence, buccal then lingual surfaces.
24. Proceed to the maxillary left quadrant. Have the patient turn head slightly away from you; continue your fulcrum in the same area, but rotate so you can extend the handpiece towards the left quadrant. After completing the buccal, complete the lingual in the same manner.
25. Maintain patient comfort and keep area clear by irrigating area to remove excess water, saliva and polishing agent.
26. Use indirect vision when doing the lingual of the maxillary teeth.
27. Proceed to the mandibular arch; polish from the distal area of the last right molar while fulcruming on the mandibular incisors or as close to the teeth being polished as possible. Proceed from the buccal surfaces to the lingual. Remember to direct the patient's head towards you.

28. Retract the tongue with the mouth as you work on the mandibular arch.
29. Ascertain that all plaque has been removed at the gingival third and the proximal surfaces.
30. Continue now to the mandibular left quadrant and follow the established protocol.
31. Continue now to the mandibular anterior teeth (facial and lingual); fulcruming as close to the area as possible. Finish up with the maxillary anterior teeth in the same manner. Use the mouth mirror for indirect vision.
32. Using the cup or brush, gently swab the pit and fissure areas on the occlusal surfaces of the posterior teeth. Do not reverse the action of the handpiece as it loosens the brush. Never contact the gingival teeth with the brush.
33. Rinse the mouth thoroughly.
34. Disclose the teeth, and inspect all facial and lingual surfaces with a mouth mirror. Surfaces must be smooth, free from plaque and reflect light.
35. Remove any remaining stain or plaque with the prophy cup.
36. Polish proximal areas with dental tape and abrasive agent to remove any remaining stain.
37. Floss every contact area to remove any remaining polishing agent.
38. Use polishing strips on anterior teeth if necessary to remove stain on the proximal surfaces. Sometimes it is necessary to use the soft brush to remove stains on the lingual of the anterior teeth.
39. Demonstrate to patient results of coronal polishing procedure and encourage proper home care.

## **APPENDIX 3: SAMPLE LESSON PLAN, LECTURE MATERIAL, OR INFORMATION SHEET** (Use any term which describes the lecture portion of a lesson.)

### **Coronal Polishing Information Sheet**

#### **General characteristics of coronal polishing**

Coronal polishing is the process of removing soft plaque and extrinsic stains from the crowns of the teeth. In order to perform a coronal polish in California, you must be an RDA and complete a Board approved course. After you have completed this course, you may perform it after a licensed dentist or registered dental hygienist has determined that the teeth are free of calculus or other extraneous materials.

- A. Benefits to a properly executed coronal polish
  - 1. Polishing assists patients in keeping their mouths clean and motivates them to maintain better oral health.
  - 2. Polishing is the preliminary step prior to pit and fissure sealant application.
  - 3. Polishing is also the preliminary step prior to application of orthodontic appliances.
  - 4. After a coronal polish, the enamel surface absorbs fluoride more effectively.
  - 5. The process of plaque and calculus buildup is slowed.
- B. Coronal polish should not be performed, or performed with great care, under certain conditions.
  - 1. Presence of diseases such as active TB or Hepatitis
  - 2. Newly erupted teeth (enamel that has not mineralized properly)
  - 3. Patients that have a compromised medical condition which could lead to bacteremia and/or bacterial endocarditis
- C. Dental deposits
  - 1. General characteristics
    - a. Refers to a variety of deposits and/or stains that accumulate on the teeth, restorations, appliance
    - b. Categorized into soft and hard deposits
  - 2. Pellicle
    - a. Thin, clear film, sometimes stained
    - b. Composed of insoluble proteins, fats, and other materials
    - c. Comes from the saliva and fluid found in the gingival sulci
    - d. Forms within minutes, even after removal
    - e. Attachment and breeding ground for plaque and calculus
  - 3. Materia alba
    - a. Soft deposit whose composition is similar to that of plaque, living and dead microorganisms, food debris, cells, and protein
    - b. Adheres itself to the outer layer of plaque
    - c. White to gray in color
    - d. No uniform structure
    - e. Can be easily removed with vigorous water irrigation and brushing
  - 4. Dental plaque
    - a. Tenacious, soft deposit consisting mostly of bacteria and bacterial products
    - b. Difficult to see in small quantities
    - c. Color ranges from yellow to yellowish-gray
    - d. Mutan streptococci are the primary bacterial species associated with the plaque that causes dental caries.
    - e. Lactobacilli are the secondary bacterial species associated with caries formation.
- D. Process of plaque formation
  - 1. Accumulates in certain areas
    - a. Pits and fissures
    - b. Proximal areas; especially contact areas
    - c. Around calculus
    - d. On crowns and bridges
    - e. Full and or partial dentures

- f. Orthodontic appliances
- g. Overhanging margin on a restoration
- h. Any appliance or area that tends to catch debris
- 2. Formation of supragingival plaque
  - a. Found generally on the gingival third of a tooth
  - b. Most abundant on molars. On the maxillary molars plaque generally accumulates on the facial surface, while on the mandibular it generally occurs on the lingual.
- 3. Development of supragingival plaque
  - a. Forms within minutes on a clean tooth and reaches a layer of .8 microns in this period of time. This layer is referred to as the acquired pellicle, which is a colorless, translucent film that is composed of complex sugar-protein materials.
  - b. This plaque begins its formation with the adhesion of the bacteria described above.
  - c. As the layer increases in depth, new bacteria adhere.
  - d. The bacteria multiply.
  - e. As this layer grows, other products such as sulcular fluid, leukocytes (white blood cells) from the saliva and food debris also embed themselves in this layer.
  - f. A measurable layer of plaque can be seen within 1 hour after this process begins.
  - g. As the plaque remains for long periods of time, changes take place in the bacterial structure that later may produce gingival inflammation.
- 4. Subgingival plaque formation
  - a. Generally the plaque found within the gingival sulcus
  - b. Creates a different environment for microorganisms to form and grow
  - c. May either adhere or not adhere to the internal surface of the sulcus
  - d. If the adherent type of plaque forms, generally gingival irritation will occur.
  - e. Nonadherent plaque is composed of another type of bacteria and will move about freely on soft tissue. This type of plaque will produce inflammatory lesions. This type of plaque cannot be seen by disclosing agents.
  - e. This is usually referred to as the cellular debris part of the plaque as it is composed of the salivary proteins and food particles.
  - f. When disclosed, it will take on a darker color.

#### E. Calculus

- 1. Calculus
  - a. Hard, calcified deposit that forms on the supra and subgingival areas within the oral cavity (i.e. teeth, restorations, and dental appliances)
  - b. Generally classified as plaque that has “mineralized” with few to no living elements
  - c. Generally covered with a layer of soft plaque and is attached firmly to tooth, restoration or dental appliances
- 2. Supragingival calculus
  - a. Located above the gingival
  - b. Chalk white, yellow, gray, or stained by food
  - c. Located most often on the lingual of mandibular incisors and buccal of maxillary molars where the opening of the salivary ducts are located
  - d. Removal is done by either an ultrasonic scaler or hand scaling
- 3. Subgingival calculus
  - a. Located below the gingival
  - b. Generally black, brown, or dark green in color
  - c. Located on surfaces below the gingival margin
  - d. Removed generally by scaling with a curette



## **APPENDIX 4: SAMPLE PROCESS EVALUATION FORM**

### **PROCESS EVALUATION FORM Infection Control Using Personal Protective Equipment**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Objective:**

The student will demonstrate the donning and removing of Personal Protective Equipment and follow infection control guidelines. The student will pass with a minimum score.

**Equipment/Supplies:**

Antiseptic soap, latex gloves, mask and protective eyewear.

Practice Times Required: 5

Practice and self evaluation must be performed before instructor's evaluation. Working with a student partner, practice procedure, date and initial in the spaces provided.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

\* Tasks identified by this symbol are critical to the procedure. A score of 2 points must be obtained to pass.

Procedural Criteria:	Clinically Correct	Clinically Acceptable	Unacceptable
1. Explain to the patient the need for personal protective equipment during clinical procedure	2	1	0
2. Demonstrate placement of mask, place loops over ears first then pinching at nose	2	1	0
3. Demonstrate placement of eyewear	2	1	0
4. Demonstrate hand-washing and donning of gloves			
*a. Remove all jewelry including watch and rings	2	1	0
b. Regulate flow of water so that it is warm	2	1	0
c. Dispense liquid antiseptic soap and scrub hands vigorously	2	1	0
d. Work soap under fingernails	2	1	0
e. Rinse hands with cool water	2	1	0
f. Use paper towel to dry hands and arms	2	1	0
g. Use paper towel to turn off water	2	1	0
h. Don examination gloves being careful not to touch any area not washed	2	1	0
*5. Demonstrate removal of examination gloves			
a. grasp top of one glove with other gloved hand; remove and discard	2	1	0
b. grasp underneath side of glove with ungloved hand, invert, remove, and discard	2	1	0
6. Demonstrate removal of eyewear	2	1	0
7. Demonstrate removal of mask	2	1	0
*8. Demonstrate hand-washing after removing PPE	2	1	0

\_\_\_\_\_  
Total Possible Points = 28

(Minimum Points to pass: 19)

**If a student scores a zero on any step they must redo the skill**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX 5: SAMPLE PRODUCT EVALUATION FORM**

### **PRODUCT EVALUATION FORM**

#### **Coronal Polishing**

**Student's Name:** \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_

<b>Date</b>	<b>Grade Received</b>	<b>Pass</b>	<b>Fail</b>	<b>Faculty</b>
-------------	-----------------------	-------------	-------------	----------------

**The following areas reflect the errors made that indicate a reduction in the grade.**

<b><u>AREAS</u></b>	<b><u>SCORE</u></b>	<b><u>COMMENTS</u></b>
<b>DISCLOSING APPLICATION</b>		_____ _____
<b>PLAQUE REMAINS</b>		
<b>EXTRINSIC STAIN REMAINS</b>		_____ _____
<b>TISSUE CONDITION</b>		

**STUDENT SIGNATURE:** \_\_\_\_\_

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### Coronal Polishing Grading Criteria

<b>Points</b>	<b>Description</b>
<b>10</b>	<ul style="list-style-type: none"> <li>• All teeth are properly disclosed staining both plaque and extrinsic stain.</li> <li>• Appearance of the soft tissue is trauma free demonstrating proper utilization of the lifting, wiping stroke technique.</li> <li>• Surfaces are free from plaque, extrinsic stain from the gingival sulcus to the occlusal/incisal edge.</li> <li>• Teeth exhibit a mirror-like appearance</li> </ul>
<b>7.5</b>	<ul style="list-style-type: none"> <li>• All teeth are disclosed, demonstrating a light stain to plaque and stain, but are still identifiable.</li> <li>• Appearance of the soft tissue is slightly edematous due to irritation caused by the rubber cup.</li> <li>• Surfaces are slightly stained and/or covered with plaque interproximally and/or gingivally.</li> <li>• Teeth exhibit a mirror-like appearance only on plaque-free and stain-free surfaces.</li> </ul>
<b>5</b>	<ul style="list-style-type: none"> <li>• All teeth are partially disclosed with a light stain to plaque and stain making it difficult to identify.</li> <li>• Appearance of soft tissue is moderately traumatized by improper use of rubber cup</li> <li>• Surfaces are moderately stained and/or covered with plaque interproximally and/or gingivally</li> <li>• Teeth exhibit a yellow whitish film and brown stain on all coronal surfaces; can be easily deflected with an explorer</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• Teeth are improperly disclosed or do not identify plaque and stain.</li> <li>• Appearance of soft tissue is grossly edematous and is hemorrhagic.</li> <li>• All coronal surfaces are grossly stained and covered with plaque especially interproximally and gingivally.</li> <li>• Teeth exhibit a dark brown-black stain on all coronal surfaces.</li> </ul>

## **APPENDIX 6: SAMPLE MINIMUM NUMBER OF SATISFACTORY PERFORMANCES**

### **DENTAL ASSISTANT PROGRAM PERFORMANCE EVALUATION**

#### **COURSE A**

Minimum number of satisfactory performances required. Instructor must initial each space. Below selected numbers are the minimum score to pass the process evaluation with a 75%.

##### *Description of Procedure*

- |   |     |     |     |     |       |
|---|-----|-----|-----|-----|-------|
| 1. Seating and dismissing a patient (4)   | ___ | ___ | ___ | ___ |       |
| 2. Instrument exchange (6)  | ___ | ___ | ___ | ___ | * ___ |
| 3. Oral evacuation (6)  | ___ | ___ | ___ | ___ | * ___ |
| 4. Isolation/keeping mouth moisture free  | ___ | ___ | ___ | ___ | * ___ |
| 5. High speed handpiece maintenance (2)   |     | ___ | ___ |     |       |
| 6. Slow speed handpiece maintenance (2)<br>(performed whenever slow speed handpieces are used for clinical application. |     | ___ | ___ |     |       |
| 7. Anesthesia transfer (6)  | ___ | ___ | ___ | ___ | * ___ |
| 8. Handpiece transfer (6)   | ___ | ___ | ___ | ___ | * ___ |

Comments when needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Graded practicals:*      Practical #1 – Instrument, anesthetic syringe and handpiece passing.  
   Practical #2 - Oral evacuation, isolation and keeping mouth moisture free

\_\_\_\_\_

## **APPENDIX 7: SAMPLE PRACTICAL EXAMINATION**

### ***PRACTICAL EXAMINATION #1***

#### ***PERFORMING ORAL EVACUATION***

#### ***PLACEMENT OF RUBBER DAM***

### **PART 1**

**DIRECTIONS:** Evacuate the oral cavity according to the instructor's instruction. When directed by your instructor you are to go to your laboratory work station and begin Part 2 of this examination.

### **PART 2**

**DIRECTIONS:** Perform the following procedures on a typodont within 15 minutes:

- Place rubber dam to isolate the cavity preparation on tooth #19

**After you have completed these procedures, your instructor will evaluate your performance.**

## **APPENDIX 8: APPLICABLE LAWS AND REGULATIONS**

### **RDA Allowable Duties Beginning 1/1/10**

Following are sections of the Business and Professions Code that describe the allowable duties of unlicensed dental assistants and RDAs beginning January 1, 2010.

#### **Business and Professions Code Section 1750.1 – DA Duties Beginning 1/1/10**

- (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:
- (1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.
  - (2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.
  - (3) Perform intraoral and extraoral photography.
- (b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:
- (1) Apply nonaerosol and noncaustic topical agents.
  - (2) Apply topical fluoride.
  - (3) Take intraoral impressions for all nonprosthodontic appliances.
  - (4) Take facebow transfers and bite registrations.
  - (5) Place and remove rubber dams or other isolation devices.
  - (6) Place, wedge, and remove matrices for restorative procedures.
  - (7) Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
  - (8) Perform measurements for the purposes of orthodontic treatment.
  - (9) Cure restorative or orthodontic materials in operative site with a light-curing device.
  - (10) Examine orthodontic appliances.
  - (11) Place and remove orthodontic separators.
  - (12) Remove ligature ties and archwires.
  - (13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
  - (14) Remove periodontal dressings.
  - (15) Remove sutures after inspection of the site by the dentist.
  - (16) Place patient monitoring sensors.
  - (17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
  - (18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (c) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.
- (d) The board may specify additional allowable duties by regulation.
- (e) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:
- (1) Diagnosis and comprehensive treatment planning.
  - (2) Placing, finishing, or removing permanent restorations.
  - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
  - (4) Prescribing medication.
  - (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.
- (f) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permissholder, dental sedation assistant permissholder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

#### **Business and Professions Code Section 1752.4. – RDA Duties Beginning 1/1/10**

- (a) A registered dental assistant may perform all of the following duties:
- (1) All duties that a dental assistant is allowed to perform.

- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.
- (4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, and bonding agents.
- (8) Chemically prepare teeth for bonding.
- (9) Place, adjust, and finish direct provisional restorations.
- (10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
- (11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
- (12) Place periodontal dressings.
- (13) Dry endodontically treated canals using absorbent paper points.
- (14) Adjust dentures extra-orally.
- (15) Remove excess cement from surfaces of teeth with a hand instrument.
- (16) Polish coronal surfaces of the teeth.
- (17) Place ligature ties and archwires.
- (18) Remove orthodontic bands.
- (19) All duties that the board may prescribe by regulation.
- (b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.
- (1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
- (3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.
- (4) The application of pit and fissure sealants.
- (c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.
- (d) This section shall become operative on January 1, 2010.

## **Requirements for Registered Dental Assistant Programs**

Following are the statutes governing Registered Dental Assistant programs.

### **Business and Professions Code Section 1754.5 – Definitions/Faculty to Student Ratios**

1754.5. As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(e) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

### **Business and Professions Code Section 1755 – General Provisions Governing all Dental Assistant Programs and Courses**

1755. (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.

(2) The board may approve, provisionally approve, or deny approval of any program or course.

(3) Program and course records shall be subject to inspection by the board at any time.

(4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements established in this section or any other requirements of law.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.

(b) The program or course director shall possess a valid, active, and current license issued by the *board*. The program or course director shall actively participate in and be responsible for the day-to-day administration of the program or course, including the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.

(c) No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching.

(d) A certificate or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the student's name, the name of the program or course, the total number of program or course hours, the date of completion, and the signature of the program or course director or his or her designee.

(e) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(2) The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

(3) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.



(A) Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient.

(f) The program or course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The program or course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.

(g) A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and staff. A program or course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients.

(h) A detailed program or course outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program or course objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure.

(i) (1) If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty and shall not be provided in extramural facilities.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) The program or course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria.

(4) There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition.

(j) Any additional requirements that the board may prescribe by regulation.

(k) This section shall remain in effect only until January 1 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

#### **Business and Professions Code Section 1757 - Registered Dental Assistant Programs.**

1757. (a) A registered dental assistant program shall receive board approval prior to operation.

(1) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of Section 1755 and the following requirements:

(A) Programs approved on or after January 1, 2009, shall meet all of the requirements of this section.

(B) Programs approved prior to January 1, 2009, shall meet all of the requirements of this section except as otherwise specified. Such a program shall continue to be approved only if it has certified to the board no later than April 30, 2009, on a form specified by the board, that it shall, no later than July 1, 2009, comply with all of the requirements of this section in providing instruction in all duties that registered dental assistants will be allowed to perform on and after January 1, 2010. The certification to the board shall contain the date on which the program will begin teaching those duties.

(2) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide whatever additional documentation the board requires to reapprove the program for the increased enrollment prior to accepting additional students.

(3) The board may at any time conduct a thorough evaluation of an approved educational program's curriculum and facilities to determine whether the program meets the requirements for continued approval.

(4) The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

(b) Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the board. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.

(c) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Section 1755, the following requirements shall be met:

(1) Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants.

(2) By January 1, 2010, each faculty member shall have completed a board-approved course in instructional methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2010, shall complete a course in instructional methodology within six months of employment.

(3) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day-to-day administration of the program including the following:

(A) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(B) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty.

(C) Maintaining for not less than five years' copies of minutes of all advisory committee meetings.

(4) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Section 1755.

(d) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(e) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty. No more than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties. A program approved prior to January 1, 2009, shall comply with board regulations with regard to required program hours until the date specified in the written certification from the program to the board that it will begin teaching the duties that registered dental assistants will be authorized to perform on and after January 1, 2010.

(f) In addition to the requirements of Section 1755 with regard to extramural instruction, no more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a speciality dental practice.

(g) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Section 1755:

(1) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session and in ratios specified in Section 1070.2 of Title 16 of the California Code of Regulations: amalgamator, model trimmers, dental rotary equipment, vibrators, light curing devices, functional typodont and bench mounts, functional orthodontically banded typodonts, facebows, automated blood pressure device, EKG machine, pulse oximeters, capnograph or simulated device, sets of hand instruments for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

(2) One permanently preassembled tray for each procedure shall be provided for reference purposes.

(3) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(4) Emergency materials shall include, but not be limited to, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(h) The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Programs that admit students in phases shall provide students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for

patient treatment. All programs shall provide students with additional instruction in the infection control regulations and guidelines of the board and Cal-DOSH prior to the student's performance of procedures on patients.

(i) (1) A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in the written certification from the program to the board, as specified in subparagraph (B) of paragraph (1) of subdivision (a), after which time the program content shall meet the requirements of paragraph (2).

(2) Programs receiving initial approval on or after January 1, 2009, shall meet all the requirements of Section 1755, and subdivisions (j) and (k) of this section, and shall include the following additional content:

(A) A radiation safety course that meets all of the requirements of the regulations of the board.

(B) A coronal polishing course that meets all of the requirements of the regulations of the board.

(C) A pit and fissure sealant course that meets all of the requirements of the regulations of the board.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(3) On and after January 1, 2009, a program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of the regulations of the board.

(B) A orthodontic assistant permit course that shall meet the requirements of Section 1756.1, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. Notwithstanding Section 1756.1, an orthodontic assistant permit course provided by a registered dental assistant program, to the students enrolled in such program, shall be no less than 60 hours, including at least 12 hours of didactic instruction, at least 26 hours of preclinical instruction, and at least 22 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Section 1756.2.

(j) General didactic instruction shall include, at a minimum, the following:

(1) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(2) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(3) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.

(4) Principles of infection control and hazardous communication requirements in compliance with the board's regulations and other federal, state, and local requirements.

(5) Principles and federal, state, and local requirements related to pharmacology.

(6) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.

(7) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(8) Principles of record classifications including management, storage, and retention protocol for all dental records.

(9) Principles and protocols of special needs patient management.

(10) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(11) Principles, protocols, manipulation, use, and armamentaria for dental materials.

(12) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(13) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(14) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(k) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that a dental assistant and registered dental assistant is authorized to perform.

(l) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(m) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

### **Courses in Radiation Safety, Pit and Fissure Sealants, and Coronal Polishing**

Following are the Board's regulations governing courses in radiation safety, pit and fissure sealants, and coronal polishing. Some of the provisions of the following sections are superceded by the general provisions governing all dental assisting courses and programs contained in Business and Professions Code Sections 1754.5 and 1755, which are correctly reflected in the RDA Program Application document.

#### **Title 16, Regulation Section 1014. Approval of Radiation Safety Courses.**

(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the board shall approve only those courses which continuously maintain a high quality standard of instruction.

(b) A radiation safety course applying for approval shall submit to the board an application and other required documents and information on forms prescribed by the board. The board may approve or deny approval of any such course. Approval may be granted after evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the board's requirements. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment.

(d) The processing times for radiation safety course approval are set forth in Section 1061.

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656 Business and Professions Code; and Section 106975, Health and Safety Code.

#### **Title 16, Regulation Section 1014.1. Requirements for Radiation Safety Courses.**

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.

(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.

(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:

- (1) Providing daily guidance of didactic, laboratory and clinical assignments;
- (2) Maintaining all necessary records, including but not limited to the following:
  - (A) Copies of current curriculum, course outline and objectives;
  - (B) Faculty credentials;

(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.

(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;

(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;

(5) Informing the board of any significant revisions to the curriculum or course outlines.

(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;

(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;

(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.

(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.

(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.

(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

(1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.

(2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

(A) Radiation physics and biology

(B) Radiation protection and safety

(C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs

(D) Radiograph exposure and processing techniques using either manual or automatic methods

(E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity

(F) Intraoral techniques and dental radiograph armamentaria, including holding devices

(G) Interproximal examination including principles of exposure, methods of retention and evaluation

(H) Intraoral examination including, principles of exposure, methods of retention and evaluation

(I) Identification and correction of faulty radiographs

(J) Supplemental techniques including the optional use of computerized digital radiography

(K) Infection control in dental radiographic procedures

(L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;

(2) Two bitewing series, consisting of at least 4 radiographs each;

(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.

(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.

**Title 16, Regulation Section 1070.3. Approval of Pit and Fissure Sealant Courses.**

The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

- (a) Educational Setting. The course shall be established at the post-secondary educational level.
- (b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.
- (c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.
  - (1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.
  - (2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:
    - (A) Providing daily guidance of didactic, laboratory and clinical assignments.
    - (B) Maintaining for a period of not less than 5 years:
      - (1) Copies of curricula, course outlines, objectives, and grading criteria.
      - (2) Copies of faculty credentials, licenses, and certifications.
      - (3) Individual student records, including those necessary to establish satisfactory completion of the course.
    - (C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.
  - (d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.
  - (e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.
  - (f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:
    - (1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.
    - (2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.
      - (A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.
      - (B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.
    - (3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.
    - (4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.
    - (5) Emergency Materials/Basic Life Support.
      - (A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.
      - (B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.
  - (g) Program Content.
    - (1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.
    - (2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.
    - (3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

i. Legal requirements

ii. Description and goals of sealants

iii. Indications and contraindications

iv. Role in preventive programs

(E) Sealant Materials

i. Etchant and/or etchant/bond combination material composition, process, storage and handling

ii. Sealant material composition, polymerization type, process, storage and handling

iii. Armamentaria for etching and sealant application

iv. Problem solving for etchant and sealant material placement/manipulation

(F) Sealant Criteria

i. Areas of application

ii. Patient selection factors

iii. Other indication factors

(G) Preparation Factors

i. Moisture control protocol

ii. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H) Acid Etching or Etchant/Bond Combination

i. Material preparation

ii. Application areas

iii. Application time factors

iv. Armamentaria

v. Procedure

vi. Etchant or etchant/bond evaluation criteria

(I) Sealant Application

i. Application areas

ii. Application time factors

iii. Armamentaria

iv. Procedure for chemical cure and light cure techniques

v. Sealant evaluation criteria

vi. Sealant adjustment techniques

(J) Infection control protocol

(K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the

student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

(E) Identify the characteristics of self curing and light cured sealant material.

(F) Define the appropriate patient selection factors and indication factors for sealant application.

(G) Utilize proper armamentaria in an organized sequence.

(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(I) Demonstrate the proper technique for teeth preparation prior to etching.

(J) Select and dispense the proper amount of etchant and sealant material.

(K) Demonstrate the proper techniques for application of the etchant and sealant material.

(L) Implement problem solving techniques associated with pit and fissure sealants.

(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.

(N) Check the occlusion and proximal contact for appropriate placement techniques.

(O) Adjust occlusion and evaluate or correct proximal area(s) when indicated.

(P) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754, Business and Professions Code.. Operative 5-28-05

#### **Title 16, Regulation Section 1070.4. Approval of Coronal Polishing Courses.**

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

i. Copies of curricula, course outlines, objectives, and grading criteria.

ii. Copies of faculty credentials, licenses, and certifications.

iii. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.



(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

- i. Legal requirements
- ii. Description and goals of coronal polishing
- iii. Indications and contraindications of coronal polishing
- iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.
- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling.
- iv. Armamentaria for disclosing and polishing techniques.
- iv. Contraindications for disclosing and polishing techniques.

(D) Principles of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.
- ii. Instrument grasps and fulcrum techniques
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.
- iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.
- v. Pre-medication requirements for the compromised patient.
- vi. Use of adjunct materials for stain removal and polishing techniques
- vii. Techniques for coronal polishing of adults and children.

- viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.
- viii. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

(D) Identify plaque, calculus and stain formation within the oral cavity.

(E) Identify the indications and contraindications for disclosing and coronal polishing.

(F) Identify the pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(H) Perform plaque disclosure.

(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(J) Select and dispense the proper amount of polishing agent.

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1 and 1754, Business and Professions Code. Operative 10-6-05